

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08367

CERTIFICATE OF DEATH

08367
62

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>		c. LENGTH OF STAY IN 1b <i>life</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Denton</i>		d. STREET ADDRESS <i>Denton</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>WILLIAM</i>		First <i>WILLIAM</i>	Middle <i>LEE</i>
4. DATE OF DEATH Month <i>AUG</i> Day <i>27</i> Year <i>1957</i>		Lost <i>Aug 4, 1879</i>	Month <i>1879</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>Aug 4, 1879</i>	9. AGE (In years last birthday) yrs. <i>80</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tay</i>	11. BIRTHPLACE (State or foreign country) <i>Wexford, Ireland</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>ROBERT W. ANTHONY</i>		14. MOTHER'S MAIDEN NAME <i>MARYETTA SMITH</i>	
15. WAS DECLARED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>442-44-442X</i>	17. INFORMANT <i>Mrs. Anna Renniger, Denton, Md.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Vasculon Renal disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i></i>			
DUE TO (c) <i></i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. <input type="checkbox"/> 19 p. <input type="checkbox"/>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Denton</i>
20f. (City or town) <i>Denton</i>		(County) <i>Md.</i>	
		(State) <i>Md.</i>	
21. I certify that I attended the deceased from <i>10-19</i> , 1955, to <i>8-29</i> , 1957, that I last saw the deceased alive on <i>8-29</i> , 1957, and that death occurred at <i>11 P.M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Denton, Md.</i>	
ACTUAL SIGNATURE <i>Dawson D. George</i>		DATE SIGNED <i>8/30/57</i>	
PHYSICIAN'S NAME (Type) <i>Dawson D. George</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Caroline</i>		22b. DATE THEREOF <i>Aug 30, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Denton</i>
22d. LOCATION (City, town, or county) <i>Denton</i>		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Frank McConnell Denton</i>		ADDRESS <i>Frank McConnell Denton</i>	24a. REC'D BY REGISTRAR DATE <i>Aug 30-57 M. D. George</i>
			24b. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

RECEIVED

BUREAU V.
RECEIVED
SEP 3 1957

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your information.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08368

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08370

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely		c. LENGTH OF STAY IN 1b 81 Yrs.		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None		d. STREET ADDRESS None		
e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF -DECEASED (Type or print)	First James	Middle Grinnage	Last 8 13 57	
4. DATE OF DEATH	Month 8	Day 13	Year 1957	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/6/1876	
9. AGE (In years at time of death or birthday) 81	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Benjamin Grinnage			
14. MOTHER'S MAIDEN NAME Martha Teat	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY NO. None	17. INFORMANT Gertrude Grinnage	Address Ridgely, Maryland	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Aclusions	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. None	(b) None	(c) None	INTERVAL BETWEEN ONSET AND DEATH 1 month	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				
ACTUAL SIGNATURE <i>Dawson O. George</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			DATE SIGNED 8-14-57
EXAMINER'S NAME (Type) Dawson O. George	22a. BURIAL, CREMATION, ETC. (Specify) Burial 22b. DATE THEREOF 8/17/57 22c. NAME OF CEMETERY OR CREMATORIUM Denton 22d. LOCATION (City, town, or county) Denton, Maryland (State)			
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Boulaire Greensboro, Md.</i>	ADDRESS J. E. Boulaire Greensboro, Md.	24a. REC'D BY REGISTRAR DATE 8/15/57	24b. REGISTRAR'S SIGNATURE Mary E. Laird	

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08371

08369

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b 26 months	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 319 West Central Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 Federalsburg	
3. NAME OF DECEASED (Type or print) First Harry Middle Noble Last Hammond		d. STREET ADDRESS / 319 West Central Avenue	
5. SEX Male		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> August 28, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Motorman		10b. KIND OF BUSINESS OR INDUSTRY Wilmington, Del. Transit System	
11. BIRTHPLACE (State or foreign country) Wilmington, Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Hammond		14. MOTHER'S MAIDEN NAME Margaret Noble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 221-07-3302	
17. INFORMANT Mrs. Harry N. Hammond, Federalsburg, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0		INTERVAL BETWEEN ONSET AND DEATH Uncontrolled Multi Pulmonary Edema 4 days.	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO Chronic Hypertension, Atherosclerosis, Hypertension 10 yrs.			
(c) DUE TO Generalized Atherosclerosis		20 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1971 Dec 12 days		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8/14 , 1957, to 8/14 , 1957, that I last saw the deceased alive on 8/14 , 1957, and that death occurred at 11:30 AM , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Preston Maryland	
ACTUAL SIGNATURE J.B. Plummer		DATE SIGNED 8/14/57	
PHYSICIAN'S NAME (Type) Harold B. Plummer			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 15, 1957	
22c. NAME OF CEMETERY OR CREMATORIAL Silverbrook Cemetery		22d. LOCATION (City, town, or county) Wilmington, Delaware	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS J.J. Frampton and Son, Federalsburg, Maryland	
24a. REC'D BY REGISTRAR Aug. 13, 1957		24b. REGISTRAR'S SIGNATURE Margaret H. Frampton	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
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page 3 should be detached for use as the burial-transit permit. Then please issue carbon papers. Pages 1 and 2 should be filed with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08372

08370

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>		c. LENGTH OF STAY IN 1b <i>3 yrs</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>x2 Denton</i>		
d. STREET ADDRESS <i></i>		d. STREET ADDRESS <i></i>		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First <i>EMMA</i>	Middle <i>FRANCES</i>	Last <i>HARMON</i>	
4. DATE OF DEATH	Month <i>SUG</i>	Day <i>12</i>	Year <i>1957</i>	
5. SEX <i>7</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT. 24, 1877</i>	
9. AGE (In years last birthday) <i>79 yrs.</i>	10. IF UNDER 1 YEAR Months <i></i>	11. IF UNDER 24 HRS. Days <i></i>	12. IF UNDER 24 HRS. Hours <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>William Willoughby</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>		
17. INFORMANT <i>Mrs Ethel Good</i>		Address <i>Denton Md.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>450.0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i>		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i></i>				
(b) DUE TO <i></i>				
(c) <i></i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour o. s. p. m.	Month <i>19</i>	Day <i></i>	Year <i></i>	
20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	20f. (City or town) <i></i>	(County) <i></i>	(State) <i></i>
21. I certify that I attended the deceased from <i>July 5</i> , 1957, to <i>July 12</i> , 1957, that I last saw the deceased alive on <i>July 12</i> , 1957, and that death occurred at <i>10 A.M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Denton Md.</i>				
ACTUAL SIGNATURE <i>E Paul Knotts</i>	DATE SIGNED <i></i>			
PHYSICIAN'S NAME (Type) <i>E Paul Knotts</i>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug 15, 1957</i>	22b. DATE THEREOF <i>Aug 15, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Frederick</i>	22d. LOCATION (City, town, or county) <i>Near Old Burying Md.</i>	(State) <i></i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>George J. Knotts</i>	ADDRESS <i></i>	24a. REC'D BY REGISTRAR DATE <i>8/15/57</i>	24b. REGISTRAR'S SIGNATURE <i>M D George</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director,
page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
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BUREAU V. S.
AUG 19 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08371

CERTIFICATE OF DEATH

08373

Reg. Dist. No. 64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg		c. LENGTH OF STAY IN lb Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Houston Branch Road		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg	
3. NAME OF DECEASED (Type or print) First Baby		d. STREET ADDRESS Houston Branch Road	
4. DATE OF DEATH August 3, 1957		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 3, 1957
9. AGE (In years last birthday) yrs. 1		10. IF UNDER 1 YEAR Months 1 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Federalburg, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harding Prattis		14. MOTHER'S MAIDEN NAME E. Louise Haynes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT E. Louise Haynes, Federalburg, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 750X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO DUE TO Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug 3, 1957, to Aug 3, 1957, that I last saw the deceased alive on Aug 3, 1957, and that death occurred at 9:45 P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED R. Kingsbury, M.D. Federalburg, Maryland 8-4-57	
ACTUAL SIGNATURE R. Kingsbury		PHYSICIAN'S NAME (Type) R. Kingsbury, M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF August 5, 1957	
22c. NAME OF CEMETERY OR CREMATORIUM Federal Hill Cemetery		22d. LOCATION (City, town, or county) Federalburg, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalburg, Maryland		24a. REC'D BY REGISTRAR DATE 8-5-57	
24b. REGISTRAR'S SIGNATURE Margaret H. Frampton			

18 DEPARTMENT OF THE INTERIOR / BUREAU OF LAND MANAGEMENT

BUREAU V. 8

1957 7 508

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
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 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08372

CERTIFICATE OF DEATH

08374

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston, R. F. D.		c. LENGTH OF STAY IN lb 62 years		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland		b. COUNTY Caroline		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X/ Preston, R. F. D.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS /						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emelie		First	Middle L.	Lost	4. DATE OF DEATH Aug. 14 1957	Month	Day	Year			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 26, 1868	9. AGE (in years lost birthday) 88 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME Gottfried Schroeder				14. MOTHER'S MAIDEN NAME Unknown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. C. Wesley Voshell Preston, Md.		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		Chronic Cerebral Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks					
(b)		DUE TO		Atherosclerotic Heart Disease		20 yrs					
(c)		DUE TO		Generalized Atherosclerosis		20 yrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Preston		(County)	(State)		
21. I certify that I attended the deceased from 6/25, 1941, to 8/14, 1957, that I last saw the deceased alive on 8/13, 1957, and that death occurred at _____ M, from the causes and on the date stated above. ACTUAL SIGNATURE John Plummer M.D.						ADDRESS (Street, city or town, state) Preston, Maryland		DATE SIGNED Preston, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 17, 1957		22c. NAME OF CEMETERY OR CREMATORIAL Linchester		22d. LOCATION (City, town, or county) Preston, Maryland		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Katherine Williamson		ADDRESS Federalsburg, Md.		24a. REC'D BY REGISTRAR DATE 8-16-57		24b. REGISTRAR'S SIGNATURE Cornelia D. Plummer					

23

RECEIVED AUG 19 1957 BUREAU V. S.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your information, or removal.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar for the burial, cremation, or removal.

1 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
08373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08375
Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>		c. LENGTH OF STAY IN 1b <i>17 yrs.</i>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Denton</i>					
d. STREET ADDRESS		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <i>JAMES HARRY MITCHELL</i>		4. DATE OF DEATH Month <i>AUG</i>	Day <i>6</i>				
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>DEC. 24, 1885</i>	9. AGE (in years last birthday) <i>71 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Hours <i>0</i>	12. Year Min. <i>1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Paint</i>		11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Willard Mitchell</i>		14. MOTHER'S MAIDEN NAME <i>Lida Porter</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Harry Mitchell</i>		Address <i>Denton, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>422.1</i> DUE TO <i>Myocarditis Acute</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arteriosclerosis Generalized</i> (c) <i>1643-</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>		Month, Day, Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Wilmington</i>	(County) <i>Del.</i>	(State) <i>Del.</i>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <i>DAWSON D. George</i>		DATE SIGNED <i>8/7/57</i>					
EXAMINER'S NAME (Type) <i>DAWSON D. George</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Aug. 9, 1957</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Silverbrook</i>		22d. LOCATION (City, town, or county) (State) <i>Wilmington Del.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Henderson</i>		ADDRESS <i>Denton, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>8/7/57</i>		24b. REGISTRAR'S SIGNATURE <i>J. Virgil Henderson</i>	

RECEIVED
BUREAU V. S.
AUG 12 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08376

08374

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro		c. LENGTH OF STAY IN 1b 20 Yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro		d. STREET ADDRESS None		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Martin		First	Middle	Last	4. DATE OF DEATH 8	Month	Day	Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1865	9. AGE (In years lost by birthday) 91 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Preacher		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? Germany		
13. FATHER'S NAME Andrew Muller			14. MOTHER'S MAIDEN NAME Marie Diedrich					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Gustav Muller		Address Greensboro, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO General Arteriosclerosis (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County)		(State)
21. I certify that I attended the deceased from June 15, 1957, to Aug. 9, 1957, that I last saw the deceased alive on August 9, 1957, and that death occurred at 12:10 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) Greensboro, Md.								
DATE SIGNED Aug. 10 '57								
ACTUAL SIGNATURE Charles H. Stonesifer, M.D.								
PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/13/57		22c. NAME OF CEMETERY OR CREMATORIUM Greensboro		22d. LOCATION (City, town, or county) Greensboro, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaas, Greensboro, Maryland								
ADDRESS								
24a. REC'D BY REGISTRAR DATE 8/13/57								
24b. REGISTRAR'S SIGNATURE L. MacPoppin								

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08375

CERTIFICATE OF DEATH

08378

Reg. Dist. No. 62

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 which is to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Bellboro</i>		c. LENGTH OF STAY IN 1b <i>20 yrs</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>x2 Bellboro</i>	
d. STREET ADDRESS <i>1</i>		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WILLARD</i>		First <i>WILLARD</i>	Middle <i>RUSSELL</i>
4. DATE OF DEATH Month <i>AUG</i>		Day <i>1</i>	Year <i>1957</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>NOV 16, 1873</i>
9. AGE (In years last birthday) <i>83</i>		10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm owner</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>FRANK B. RUSSELL</i>	
14. MOTHER'S MAIDEN NAME <i>MARY ELIZ. MELVIN</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>123-45-6789</i>		17. INFORMANT <i>Mrs. Eugenia Russell</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>			
DUE TO (b) <i>Arteriosclerosis of the brain chronic</i>			
DUE TO (c) <i>Myocardial arteriosclerosis disease chronic</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>July 19 1957</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Queens Anne Md</i>
20f. (City or town) <i>Bellboro</i>		(County) <i>Caroline</i>	
(State) <i>Md.</i>			
21. I certify that I attended the deceased from <i>July 31, 1957</i> to <i>Aug 1, 1957</i> that I last saw the deceased alive on <i>July 31, 1957</i> , and that death occurred at <i>67 M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Kurt Lederer</i>		ADDRESS (Street, city or town, state) <i>Queens Anne Md 20583</i>	
PHYSICIAN'S NAME (Type) <i>KURT LEDERER</i>		DATE SIGNED <i>Aug 5, 1957</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug 5, 1957</i>		22b. DATE THEREOF <i>Aug 5, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Greenmount</i>
22d. LOCATION (City, town, or county) <i>Bellboro, Md.</i>		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Henderson, Denton,</i>		24a. REC'D BY REGISTRAR <i>8/5/57</i>	24b. REGISTRAR'S SIGNATURE <i>Md. O George</i>
ADDRESS <i>J. Virgil Henderson, Denton,</i>		DATE <i>8/5/57</i>	

CERTIFICATE OF DEATH

RECEIVED

BUREAU V. S.

AUG 8 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08379

08376

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural		c. LENGTH OF STAY IN 1b 60 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Harmony		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 Preston - Rural	
3. NAME OF DECEASED (Type or print) Otto William Herman Steenken, Sr.		d. STREET ADDRESS Near Harmony	
4. DATE OF DEATH August 11		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH March 21, 1884	
9. AGE (In years from birthday) 73 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Herman Steenken		14. MOTHER'S MAIDEN NAME Johanna M. (maiden name unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Otto W. H. Steenken, Sr., Preston, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4200 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 min DUE TO (b) Hypertension arteriosclerotic heart disease 20 yrs DUE TO (c) Generalized arteriosclerosis 25 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic osteoarthritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/20, 1944, to 8/11, 1957, that I last saw the deceased alive on 12, and that death occurred at 8:30 P.M., from the causes and on the date stated above. ACTUAL SIGNATURE <i>Harold B. Plummer</i> M.D. ADDRESS (Street, city or town, state) <i>Preston Maryland</i> DATE SIGNED <i>8/12/57</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF August 14, 1957	
22c. NAME OF CEMETERY OR CREMATORIAL Junior Order Cemetery		22d. LOCATION (City, town, or county) (State) Preston, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Maryland		24a. REC'D BY REGISTRAR DATE 8-12-57	
ADDRESS		24b. REGISTRAR'S SIGNATURE <i>Cornelia H. Plummer</i>	

BUREAU V. S.

1957 14 5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08380

08377

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Railroad Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg	
3. NAME OF DECEASED (Type or print) First Winnie		d. STREET ADDRESS 1 Railroad Avenue	
4. DATE OF DEATH August 14		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH March 27, 1896	
9. AGE (In years lost birthday) 61 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Andrew		14. MOTHER'S MAIDEN NAME Sarah C. Jester	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 212-16-1985	
17. INFORMANT W. Lacy Williamson, Federalburg, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 18 months chronic myocarditis Severe myocardial infarction, 8 months	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8/14/57, 1957, to 8/14/57, 1957, that I last saw the deceased alive on 8/14/57, 1957, and that death occurred at 12:30 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE Physician's Name (Type) Frank M. Anderson, M.D.		ADDRESS (Street, city or town, state) Federalburg, Maryland DATE SIGNED 8/16/57	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 16, 1957	
22c. NAME OF CEMETERY OR CREMATORIAL Hill Crest Cemetery		22d. LOCATION (City, town, or county) (State) Federalburg, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalburg, Maryland		24a. REC'D BY REGISTRAR DATE 8-16-57	
24b. REGISTRAR'S SIGNATURE Margaret H. Frampton			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
page 3 should be detached for use as the burial-on-sight permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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REGEL V EO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 and be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08381

08378 CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro		c. LENGTH OF STAY IN 1b 34 Yrs.								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x2 Greensboro								
3. NAME OF DECEASED (Type or print) Oscar		d. STREET ADDRESS None								
First		Middle	Last							
W. yatt		4. DATE OF DEATH 8	Month 13	Day Year 19 57						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/12/1880	9. AGE (In years last birthday) 76 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Feed & Grain		11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Charles Wyatt		14. MOTHER'S MAIDEN NAME Catherine Kemp		Address						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Leslie Wyatt		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO General Arteriosclerosis (c)	INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Greensboro, Maryland	(County)	(State)
21. I certify that I attended the deceased from alive on		Jan. 15, 1955, to Aug. 13, 1957, that I last saw the deceased 8:50A M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state)		DATE SIGNED 8/13/57				
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		Charles H. Stonesifer, M.D.		M.D.		Greensboro, Md.				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/16/57		22c. NAME OF CEMETERY OR CREMATORIAL Greensboro		22d. LOCATION (City, town, or county) Greensboro, Maryland		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire		ADDRESS Greensboro, Md.		24a. REC'D BY REGISTRAR DATE 8/14/57		24b. REGISTRAR'S SIGNATURE L. M. Pappin				

CERTIFICATE OF DEATH

BUREAU V.

AUG 21 1957

RECEIVED